

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC 13 1937

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39476

1. PLACE OF DEATH

County.....
Township St Louis Registration District No.
City Missouri Primary Registration District No.
Faith Hospital St. Ward)

File No.
Registered No. 10463

2. FULL NAME

Rose Mary Rupp
(a) Residence, No. 5628 1/2 So. Kings Highway Ward. 2
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF FRANK H Rupp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME John W Gilreath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

15. MAIDEN NAME Mary M. Graw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT FRANK H Rupp
(ADDRESS) 5628 1/2 So Kings Highway

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE 11/13 37

19. UNDERTAKER Sullivan Bros
(ADDRESS) 2849 N. Grand

20. FILED Foredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov 9, 1937
I last saw her alive on Nov 9th, 1937 Death is said to have occurred on the date stated above, at 11:45 m. p.
The principal cause of death and related causes of importance were as follows:

acute myocarditis with Herpes zoster
Staphylococcal
Chemia with
superimposed bacteremia
up
Other contributory causes of importance:
121
1720

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W J Thompson, M. D.
(Address) 310 8th ave

NOV 11 1937

WHITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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